

Edu-inter - Winter Registration Form 2019 - Teenagers

1 Personal Information

Name: _____ Family Name: _____ Male Female
Nationality: _____ Date of Birth (dd/mm/yy): _____
Address / City: _____
Postal Code / Country: _____
Telephone: _____ Fax: _____
E-mail: _____
Agency & Contact: _____
Current School Name: _____

French Level

Beginner Intermediate Advanced

Emergency Contact

Name: _____ Family Name: _____ Relationship: _____
Telephone: _____ E-mail: _____

2 Winter Package

Select your Program

Multi Activity Package

Duration (in weeks)

1 2 3 4 5 6

All packages have a duration of **1 to 6 weeks**
from **January 7th** to **February 15th, 2019**.

Start dates

07/01 14/01 21/01 28/01 04/02 11/02

Airport Pick-up – 2-way transfer from Montreal: additional \$350

Arrival date (dd/mm): _____

Time: _____ AM PM

Airport: _____

Airline: _____

Flying from: _____

Flight number: _____

Driving to Quebec Unaccompanied minor service required
(Additional \$50 fee)

Accommodation – Homestay 3 meals/day

Arrival date (dd/mm): _____

Departure date (dd/mm): _____

Preferences or restrictions

Allergies to pets: _____

Food allergies or restrictions: _____

I can live with smokers

Vegan

I can live with a family with children

Gluten-free diet

I can live with pets

Only restrictions and allergies are guaranteed. Edu-inter will take your preferences into account.
Please note that vegan and gluten-free diet followers must be charged an extra \$15 per day.
An extra charge may also apply for all specific diets.

Medical Insurance


Arrival date (dd/mm): _____

Departure date (dd/mm): _____

Number of days: _____

Total (\$ CAD): _____

IMPORTANT: A mandatory fee of CAD \$100 will be charged by Edu-inter for any teen being registered as UM with the airline.

Mode of payment
 Credit Card
 Certified Check / Bank Draft (\$ CAD)
 Bank Wire Transfer
 Interac e-transfer
 Western Union
Credit Card Information An additional 3,95% will be charged to all payments done with credit card.
 VISA
 MasterCard
 Card Holder: _____
 Number: _____
 Expiry Date: ____ | ____
Bank Account Details Transaction fees apply (\$20 CAD).Account holder: EDU-INTER INCBeneficiary number: 70, chemin de la Passerelle
Lac-Beauport QC Canada G3B 1B3Account number: 1002351 CAD 4001699 USDInstitution number: 003Bank name: RBC (Banque Royale)Bank address: 839, route Jean-Gauvin
Québec QC Canada G1X 4V9Transit (Branch): 00095Swift: ROYCCAT2

**Please send your certified
cheque or bank draft in \$ CAD
to the following address:**

 Edu-inter
 755 Grande Allée Ouest
 Quebec QC Canada G1C 1C1
 I hereby certify that the above information is true and complete. I have read and understood the attached Terms and Conditions and Refund Policies. I authorize Edu-inter to use photographs and videos of me for media and promotional uses and release all interests, including royalties, proceeds and other benefits derived from such photographs and videos.

Signature (parent or guardian): _____

Date (dd/mm/yy): _____

IMPORTANT: Programs of 4 weeks or less must be paid or less must be paid in advance and in full. All payments are in \$ CAD. Prices are subject to change without notice.

TERMS, CONDITIONS AND POLICIES**Minimum Age**

Students must be 11-17 years old to enrol in any Teen French Program in Quebec City.

Custodianship Services

A custodian located in Canada is required for all unaccompanied minors who need to apply for a visa to enter Canada.

Visas

Edu-inter recommends that you consult the Canadian embassy or consulate in your country of residence for information regarding the entry procedure to Canada. You may require a Temporary Resident Visa to visit Canada for less than 6 months. For studies of more than 6 months, a Certificate of Acceptance of Quebec and a study permit are required. Canadian authorities will tell you how to proceed.

Medical Insurance

Health insurance is mandatory for all visitors from outside of Canada. Upon your arrival at Edu-inter and prior to the start of your course, you will be asked for a proof of medical insurance. If you do not have obtained proper medical insurance, Edu-inter can arrange it for international students upon their arrival. Canadian students are covered for emergencies in Quebec through their provincial health plan.

Validity of Fees – Winter 2019These rates will be valid from August 4th 2018 to February 15th 2019.**Accommodation**

Homestay or residence accommodation normally begins the Sunday prior to your start date and ends the Saturday

immediately following your last class. Accommodation is invoiced on a per night basis. When students require additional nights, they must participate in all mandatory excursions and activities; these will be added to the invoice.

Registration and Confirmation Procedure

You may get our registration form by making the request to Edu-inter. Send the form duly completed by mail, email or fax. Upon reception of your registration, we confirm your registration and send your invoice. Your invoice includes the total amount of your French immersion stay. The registration must be confirmed with a minimum deposit of 20% of the amount of the total invoice or \$400, whichever is highest.

Letter of Acceptance

If you need a tourist visa to enter Canada, Edu-inter sends you a "letter of acceptance" as soon as we receive the minimum deposit. The letter of acceptance may be required by the Government of Canada to process your visa application.

Administrative Fees

This \$400 fee covers the administrative costs relating to the registration process, and preparations required for receiving the student into the program. This fee also includes French course books.

Accommodation Changes

Students' natural parents may ask for a change of accommodation for justifiable reasons of discomfort or of non-compatibility with one or several members of a host family chosen by Edu-inter. To request a change of accommodation, the students' natural parents must request

the change in writing to the director. When the change request is made within the first week of arrival, the change is made at no additional fee. When the request is made after the first week of arrival, a Change Fee of \$100 is invoiced to students. In the event that request is made with less than 1 week's notice, an Urgent Change Fee of \$200 CAD is invoiced to the student. In both cases, students are responsible for the costs of moving from one place of accommodation to another.

Afternoon Program or Excursion Changes

Students wish to modify their program or excursions after their arrival in Quebec must ask their parents to send a written request to the director. When the request is made one week or more before the change, a Change Fee of \$100 is invoiced to students. If the change is requested in less than one week's notice, an Urgent Change Fee of \$200 is invoiced to the student. Students must also pay any difference in price for the new option of their choice.

Airport Pickup

Unaccompanied minors must request the transfer service to and from their point of arrival. If on arrival day, the flight is cancelled or modified and the arrival time planned changes, students are responsible for communicating this change as soon as possible by calling the emergency number of Edu-inter. By doing so, students make sure that Edu-inter makes the necessary modifications. Should Edu-inter not be notified, the representative of Edu-inter is not under obligation to wait for students or to return to the airport; students must then go to their accommodation by their own means.

Payment Due

Payment of the invoice must be settled in its entirety 14 days prior to the beginning of the French immersion program at Edu-inter.

Course Attendance

Unauthorized absences are registered in the students' file. Attendance to classes and camp is mandatory for all students, except for justified medical reasons. The course completion certificate is only handed to students who attended 100% of the classes.

Dispute Resolution

If students have a complaint regarding the courses, another student, a professor or another staff member, the director must be informed. The director will discuss the complaint with the student in order to find a suitable solution.

Credit Card Payments

An additional 3,95% will be charged to all payments done with credit card.

REFUND POLICIES

To receive a refund on any component of your program, you must give Edu-inter written notice that you intend to withdraw from the program in which you have enrolled. Edu-inter will retain the sum of administrative fees of \$400 and the difference will be refunded. If you are eligible for a refund under any of the conditions described below, you will receive the refund within 30 days of Edu-inter receiving written notice of cancellation or Edu-inter's dismissal notice to you.

Non-refundable fees

The administrative fee of \$400 CAD is non-refundable.

Program fees

All fees are detailed on the invoice. If you cancel in writing before your arrival, you will be refunded the following percentage of your invoice:

- 30 days or more before the program start date: 80% of the total fees
- Less than 30 days before the program start date: 60% of the total fees

If you cancel in writing or are dismissed from Edu-inter after your arrival, you will be refunded the following percentage of your tuition fees:

- Less than 10% of program completed: 40% of total fees
- 10-30% of program completed: 20% of total fees
- More than 30% of program completed: 0% (no refund)

Note: After arrival, cancellation of isolated elements of the program is not allowed with the exception of departure transfer service (drop off).

DISCLAIMER

Edu-inter reserves the right to change start dates, programs, and course curriculum at any time without notice. The fees, dates and conditions listed in our brochure are subject to change at any time without prior notice. Edu-inter accepts no responsibility whatsoever for any loss or damage to the personal belongings or property of a student participant or for any injury to or death of a student or program participant occurring on or off school property.

Medical Form

Name: _____

Family Name: _____

Emergency Contact:

1. Name: _____ Family Name: _____

Phone: _____ Relationship with the student: _____

2. Name: _____ Family Name: _____

Phone: _____ Relationship with the student: _____

Indicate if your child suffers from any of the following condition (specify):

Asthma: _____

Epilepsy: _____

Cardiac diseases: _____

Diabetes: _____

Auditory problems: _____

Visual problems: _____

Intellectual problems: _____

Physical problems: _____

Others: _____

Allergies and food intolerance: _____

Foods: _____

Others: _____

Type of reaction: _____

Does your child have a deadly allergy?

Yes No If yes, specify: _____

If he or she does, does your child carry an epipen?

Yes No If yes, specify: _____

Does your child take medications?

Yes No If yes, specify: _____

Does your child wear glasses or contact lenses?

Yes No

Does your child have problems of behaviour?

Yes No

Does your child know how to swim?

Yes No

Does your child need to wear floaters in the water?

Yes No

Does your child need to wear ear plugs?

Yes No

Does your child prefer not doing certain activities?

Yes No If yes, specify: _____

Please describe your child, including likes and dislikes:

Other information that you would like us to know about your child:

Parental Authorization

1. I understand the registration and payment policies and will honor them as my child attends the winter program at Edu-inter.
2. I authorize Edu-inter and its staff to provide all necessary care needed by my child. In the event that Edu-inter and its staff deem necessary, I authorize my child's transportation, in an ambulance or otherwise, to a hospital. If it is impossible to contact the parents in case of emergency, I authorize the doctor assigned by Edu-inter and its staff to proceed with all medical interventions and procedures deemed necessary according to the child's condition, including the purchase of prescription medicine at the expense of the parents.
3. I authorize the administration, in case of need, of proper dose of adrenaline, as prescribed by the doctor assigned by Edu-inter.
4. I authorize Edu-inter and its staff to give the following medicines without prescription, according to my child's needs:
 - Acetaminophen (Tylenol)
 - Ibuprofen (Advil)
 - Calamine
 - Anti-Histamine (Benadryl)
 - Antiemetic (Gravol)
 - Antibiotic Creme (Polysporin)
5. I authorize Edu-inter to use photos and/or videos of my child for promotional or advertising use. All collected material will remain property of Edu-inter.

Parent's Signature: _____

Date: _____

Child's Signature: _____

Date: _____